

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>66 Mel</i>	<i>2/3/99</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>59</i>	<i>62-10</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>71634</i>	<i>2/12/99</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date									
Final	Original	5	1	2	3	4	5	6	7	8
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If more than 150 claims or 10 additional sheets are used, staple additional sheet here

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